



# 2006

# **MAINE REVENUE SERVICES** **EMPLOYER'S RETURN** **OF MAINE INCOME TAX WITHHOLDING**



\* 06062.20 \*

QUARTER #

**Withholding Account Number:**

**Period Covered:**

Diagram illustrating the conversion of a 3D coordinate system (MM, DD, YY) to a 2D coordinate system (MM, DD, YY). The 3D system is shown on the left, and the 2D system is shown on the right, separated by the word "to".

**Name and Address:**

Name \_\_\_\_\_

Street Address

A. Number of payees subject to Maine income tax withholding. .... A.           

B. Check here if MRS has granted an exception to report non-wage withholding detail annually on magnetic media. See instructions. .... B.

1. Maine income tax withheld for this quarter  
(from Schedule 2, line 11) ..... 1. \$

2. Less semiweekly payments (from  
Schedule 1, line 6) ..... 2. \$

3a. Amount due with this return (if line 1  
minus line 2 is positive) ..... 3a. \$

**3b.** Overpayment to be refunded (if line 1 minus line 2 is negative) ..... **3b.**\$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

Under penalties of perjury, I certify that the information contained on this return, report and attachment(s) is true and correct.

Date \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_ Telephone \_\_\_\_\_

Contact person e-mail \_\_\_\_\_ Paid preparer EIN: \_\_\_\_\_

Maine Payroll Processor License Number: \_\_\_\_\_



**Make check payable to:** Treasurer, State of Maine

**Mail return and check to:** Maine Revenue Services, P.O. Box 1061, Augusta, ME 04332-1061

**For the Third Quarter Only:** please check if applicable:

☐ I file my return electronically or my return is prepared by a tax preparer and I do not need Maine tax forms mailed to me next year.

## Cancellation Notice

4. Check here and complete this section if your business is discontinued or the requirement to withhold permanently ceases. ....

Reason for cancellation:

Last Payroll Date:  /  /

MM DD YY

Business sold to: \_\_\_\_\_

Address:

Date Sold:      /      /       
MM DD YY

Telephone: \_\_\_\_\_

**Note:** Use the Name and Address Change Form (Form 941/C1C-ME) to change your business name or address. This form is available on-line at [www.maine.gov/revenue](http://www.maine.gov/revenue) (click “Forms, Publications & Applications” link, then select “Employment Taxes”).

Office  
use only PD



Period Covered: 

## Schedule 1

### Reconciliation of 900ME Voucher Payments or Electronic Payments of Income Tax Withholding

For employers or non-payroll filers required to remit withholding taxes on a semiweekly basis.

<b>5. Withholding Amount</b> Subtotal A ..... <u>    </u> , <u>    </u> <u>    </u> <u>    </u> , <u>    </u> <u>    </u> <u>    </u> <u>    </u> ▪ <u>    </u> <u>    </u>  Subtotal B ..... <u>    </u> , <u>    </u> <u>    </u> <u>    </u> <u>    </u> , <u>    </u> <u>    </u> <u>    </u> <u>    </u> ▪ <u>    </u> <u>    </u>  Subtotal C ..... <u>    </u> , <u>    </u> <u>    </u> <u>    </u> <u>    </u> , <u>    </u> <u>    </u> <u>    </u> <u>    </u> ▪ <u>    </u> <u>    </u>  Total (Equal to Form 941ME, line 1) <u>    </u> , <u>    </u> <u>    </u> <u>    </u> <u>    </u> , <u>    </u> <u>    </u> <u>    </u> <u>    </u> ▪ <u>    </u> <u>    </u>	<b>6. Payment Amount</b> Subtotal A ..... <u>    </u> , <u>    </u> <u>    </u> <u>    </u> <u>    </u> , <u>    </u> <u>    </u> <u>    </u> <u>    </u> ▪ <u>    </u> <u>    </u>  Subtotal B ..... <u>    </u> , <u>    </u> <u>    </u> <u>    </u> <u>    </u> , <u>    </u> <u>    </u> <u>    </u> <u>    </u> ▪ <u>    </u> <u>    </u>  Subtotal C ..... <u>    </u> , <u>    </u> <u>    </u> <u>    </u> <u>    </u> , <u>    </u> <u>    </u> <u>    </u> <u>    </u> ▪ <u>    </u> <u>    </u>  Total (Enter on Form 941ME, line 2) <u>    </u> , <u>    </u> <u>    </u> <u>    </u> <u>    </u> , <u>    </u> <u>    </u> <u>    </u> <u>    </u> ▪ <u>    </u> <u>    </u>
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# SCHEDULE 2 Loose (FORM 941ME Loose) 2006



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\*0606221\*

Name: \_\_\_\_\_

Withholding  
Account No.: \_\_\_\_\_

Period  
Covered: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## Schedule 2 – Income Tax Withholding Listing

7. Name of Payee for Wages or Non-wages (Last, First, MI)	8. Social Security Number	9. Maine Income Tax Withheld during the Quarter
a. _____	____ - ____ - _____	\$ _____ , _____ . _____
b. _____	____ - ____ - _____	\$ _____ , _____ . _____
c. _____	____ - ____ - _____	\$ _____ , _____ . _____
d. _____	____ - ____ - _____	\$ _____ , _____ . _____
e. _____	____ - ____ - _____	\$ _____ , _____ . _____
f. _____	____ - ____ - _____	\$ _____ , _____ . _____
g. _____	____ - ____ - _____	\$ _____ , _____ . _____
h. _____	____ - ____ - _____	\$ _____ , _____ . _____
i. _____	____ - ____ - _____	\$ _____ , _____ . _____
j. _____	____ - ____ - _____	\$ _____ , _____ . _____
k. _____	____ - ____ - _____	\$ _____ , _____ . _____
l. _____	____ - ____ - _____	\$ _____ , _____ . _____
m. _____	____ - ____ - _____	\$ _____ , _____ . _____
n. _____	____ - ____ - _____	\$ _____ , _____ . _____
o. _____	____ - ____ - _____	\$ _____ , _____ . _____
p. _____	____ - ____ - _____	\$ _____ , _____ . _____
q. _____	____ - ____ - _____	\$ _____ , _____ . _____
r. _____	____ - ____ - _____	\$ _____ , _____ . _____
s. _____	____ - ____ - _____	\$ _____ , _____ . _____
t. _____	____ - ____ - _____	\$ _____ , _____ . _____
u. _____	____ - ____ - _____	\$ _____ , _____ . _____
v. _____	____ - ____ - _____	\$ _____ , _____ . _____
w. _____	____ - ____ - _____	\$ _____ , _____ . _____

10. Total of column 9 on this page ..... 10. \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

11. Total of column 9 for **ALL** pages (Enter here and on Form 941ME, line 1) ..... 11. \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_